

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/579193**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	3					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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